



STATE OF MARYLAND

DHMH

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June 13, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:23
Reporting for the week ending 06/07/08 (MMWR Week #23)

CURRENT HOMELAND SECURITY THREAT LEVELS

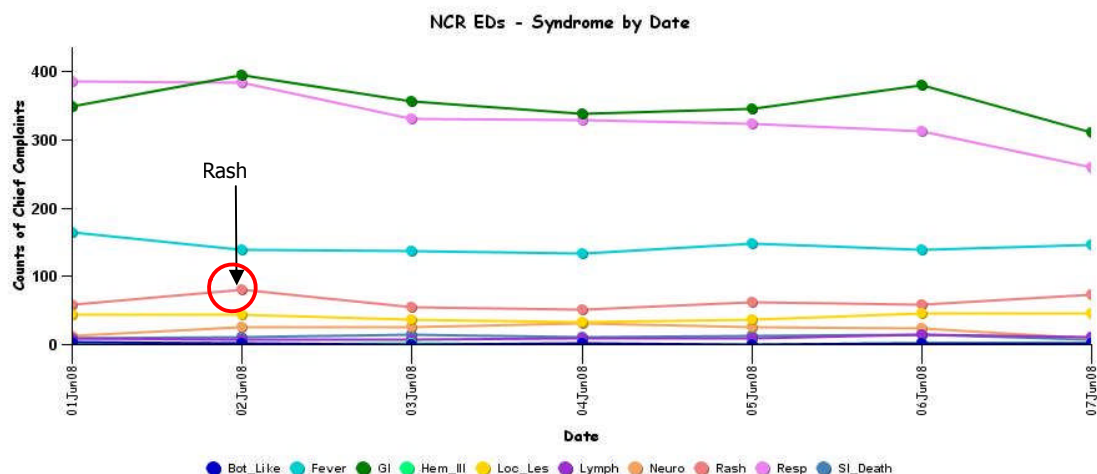
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

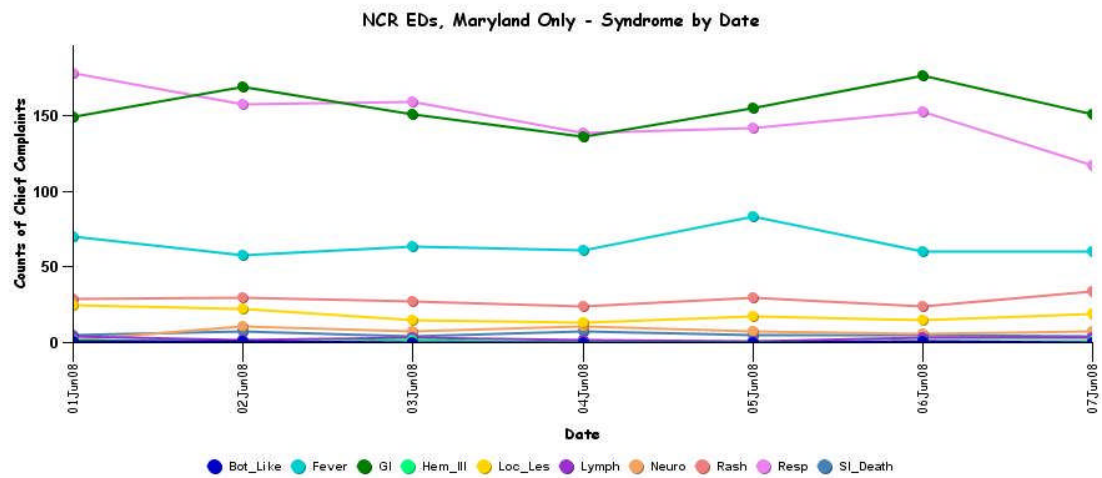
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

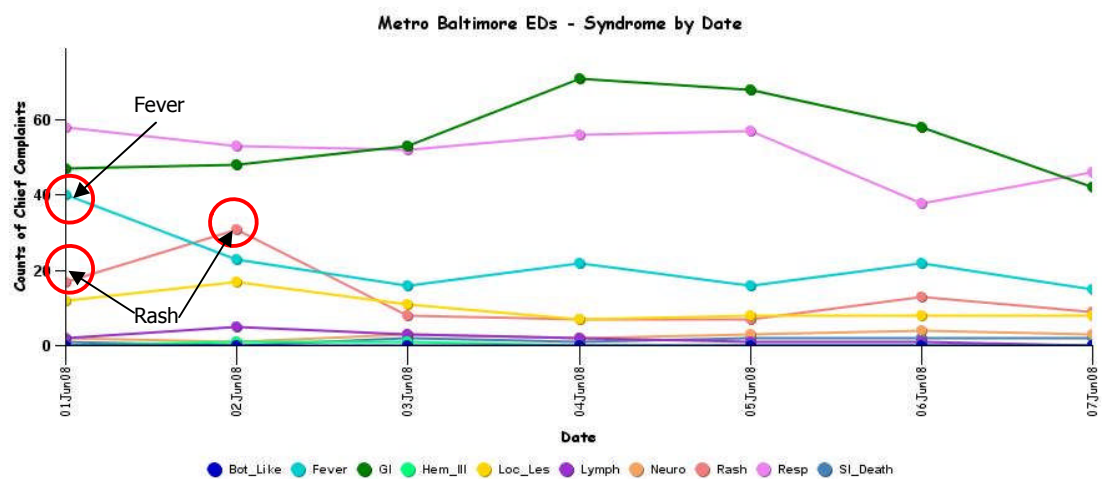
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



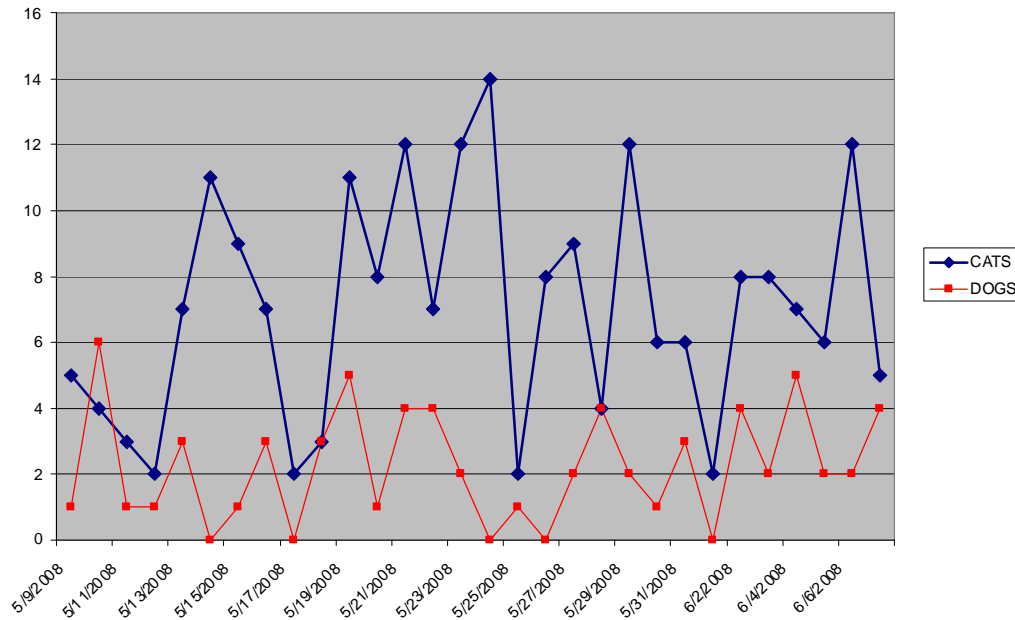
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

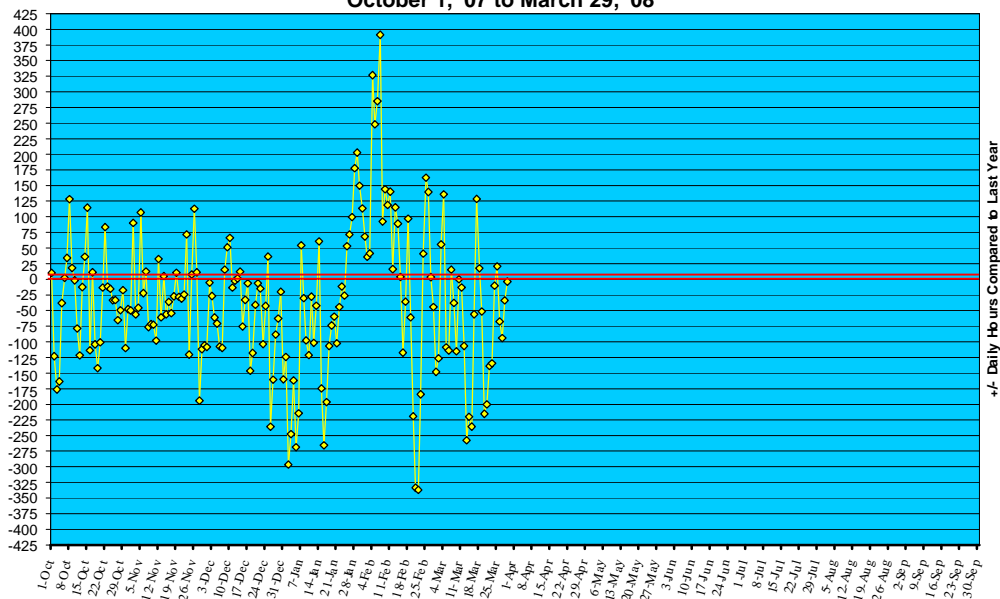


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (June 1 – 7, 2008):	10	3
Prior week (May 25 – 31, 2008):	10	1
Week#23, 2007 (Jun 2 – 8, 2007):	12	0

OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 23 (June 1-June 7, 2008):

2 Gastroenteritis outbreaks

2 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

3 Foodborne Gastroenteritis outbreaks

2 outbreaks of FOODBORNE GASTROENTERITIS associated with Restaurants

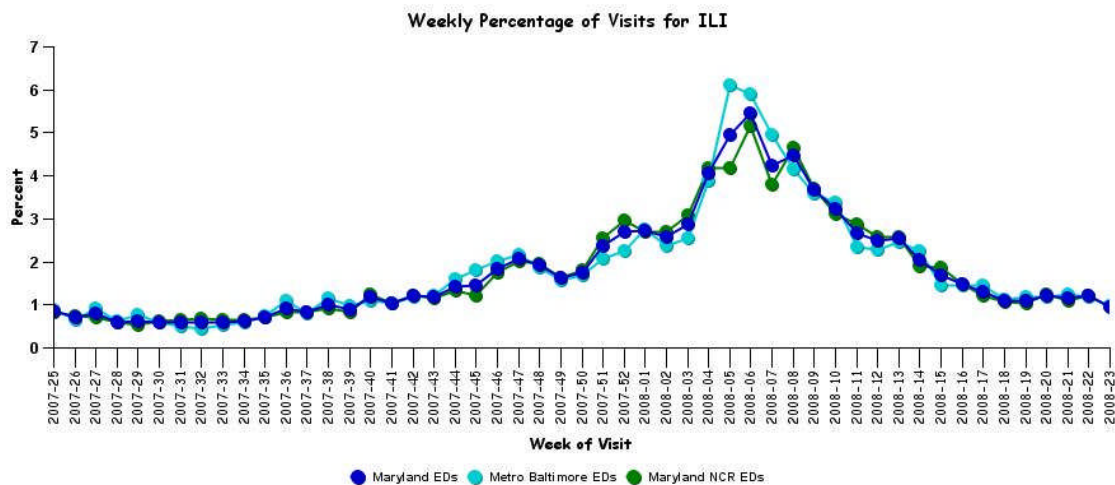
1 outbreak of CIGUATERA FISH POISONING associated with a Grocery Store

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of May 28, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 383, of which 241 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, LPAI H7 (Arkansas, USA): 03 June 2008, Tyson Foods Inc, the second largest US chicken producer, said on Jun 3 it will destroy about 15,000 chickens in Arkansas exposed to a mild strain of bird flu, and while there was no risk to human health the news sent its shares lower. The affected chickens, which will not enter the food supply, had antibodies of a mild or low pathogenic strain of bird flu called H7N3. While the findings are no threat to humans, shares of US chicken companies dropped as investors worried foreign buyers may ban US chicken. The United States exports about 16 percent of its chicken, and a loss of key overseas markets could create a glut of chicken here. There have been previous cases of mild bird flu in the United States. Last year government investigators found cases in 13 states. Because of the Arkansas findings the US Agriculture Department already has suspended shipments of chicken from that state to Russia, the top overseas market for US chicken. One concern is Russia may implement a broader ban. "Honestly, it's a non-event. So far, it's not something that's reportable to any international monitoring agency like the World Organization for Animal Health (OIE)," said Toby Moore, spokesman for the USA Poultry and Egg Export Council, an industry trade group. The Arkansas chickens were not sick and the antibodies were discovered as part of routine surveillance by the company, Tyson said in a statement.

AVIAN INFLUENZA, H7N7, HPAI (United Kingdom): 05 Jun 2008, Following confirmation of the avian influenza virus subtype as H7N7, the Health Protection Agency has reviewed actions taken in the Oxfordshire poultry farm outbreak. Based on the best evidence available from national flu experts, the agency remains confident that all necessary steps are being taken to protect those people who may have been exposed to the virus on the premises or who are involved in disease control activities. Director of the Thames Valley Health Protection Unit, Dr Elizabeth Haworth, said: "H7 avian flu remains largely a disease in birds which does not transmit easily to humans. The disease on the Oxfordshire poultry farm was identified at an early stage, and the agency has been actively involved in assessing the risk and providing help and support, including ensuring all people who needed post exposure treatment with antiviral agents and seasonal flu vaccine received this and that those involved in disease control activities also received appropriate treatment before starting work. We have also set up enhanced surveillance of people exposed to infected poultry, checking daily for any symptoms of illness which may emerge even though the risk to humans remains very low." Preliminary analysis indicates that this H7N7 strain is likely to be related to viruses which have occasionally been detected in domestic poultry and wild birds elsewhere in Europe. Further laboratory tests are in progress. The full epidemiological investigation and tracings of any dangerous contacts are underway, and all possible sources of the outbreak will be investigated. Protection and Surveillance Zones have replaced the Temporary Control Zone established on Jun 3 around the premises in Oxfordshire. The restrictions that applied in the Temporary Control Zone remain in place. Farmers are urged to be vigilant and report signs of disease to a private vet or to local Animal Health.

AVIAN INFLUENZA (China): 07 Jun 2008, Secretary for Food and Health Dr. York Chow says Po On Road Market has been declared an infected area after the H5N1 bird flu virus was found in 5 chicken dropping samples collected from 3 stalls. He told reporters the affected stalls got the chickens from the Cheung Sha Wan Temporary Wholesale Poultry Market. The birds may have come from local or Mainland farms. Imports of live Mainland chicken will be suspended while local farms will stop selling chickens for 3 weeks to facilitate the Government's work in tracing the source of the infected chickens. The Food and Environmental Hygiene Department has cordoned off all the chicken stalls in the market and started culling the 2700 chickens in it. Disinfection work will also be conducted. The department has stepped up inspection of 64 markets with chicken stalls and no abnormality has been detected. More chicken dropping samples will be collected for tests. The department will send staff to the Mainland to inspect registered farms supplying chicken to Hong Kong while more samples will be collected from local wholesale markets for tests. The Cheung Sha Wan Temporary Wholesale Poultry Market will be thoroughly cleaned while the next poultry outlet rest day will be advanced from next Jun 11 to Jun 9. The Government will also step up checks on chilled poultry products and will enhance its inspection of retail markets and local poultry farms. The Customs and Excise Department will bolster its enforcement work against poultry smuggling. Dr. Chow said the incident has been reported to Mainland authorities and quarantine units have been asked to pay special attention to the registered farms supplying poultry to Hong Kong. Although no human avian flu cases have been reported so far, the Department of Health and the Hospital Authority will enhance prevention work. The health of staff at the 3 affected stalls will be closely monitored. Public and private hospitals and clinics have been reminded to report suspicious cases to the Centre for Health Protection.

NATIONAL DISEASE REPORTS:

Q FEVER (Iowa): 02 Jun 2008, The Harlan Tribune reports that local health officials are cautioning local residents about the presence of Q fever in the community, as several patients have been identified and treated at the Myrtue Medical Center. "Recently, several cases of Q fever have been identified in our area, and we would like to provide some information about the disease and sources of additional information," said Myrtue Medical Center Community Health Director Vickie Gillespie. Q fever is caused by the bacteria, *Coxiella burnetii*, which can not only be found in the environment but in livestock and wildlife populations. Cattle, sheep and goats are the primary reservoirs of the bacteria. Cases of Q fever occur in both the animal and human populations every year in Iowa. Humans can become infected when they breathe in dust contaminated by the bacteria. This typically occurs in barnyards or other areas where dried placental material, birth fluids and animal feces are found. Approximately 60 percent of people exposed to the bacteria will never get sick. Most patients who do become ill will have mild, flu-like symptoms within two-three weeks of exposure. Symptoms include high fevers, severe headache, general malaise, confusion, sore throat, chills, sweats, cough, nausea, vomiting, diarrhea, abdominal pain and chest pain. Patients are treated with antibiotics. (Q fever is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI O157, LETTUCE (Washington): 06 Jun 2008, The Washington State Department of Health says 9 confirmed cases of E. coli O157:H7 infection found in north Thurston and south Pierce counties have been traced to bagged, commercial romaine lettuce. The Health Department says 4 cases were identified in Thurston County and 6 in Pierce County. Some of the people infected were hospitalized. Health department officials are interviewing the victims. "This particular strain is not very rare. It's a common one. We see it fairly often. The thing that's unusual about this is having several of the same strain all happening at the same time," said Don Moyer, health department spokesperson. The people who got sick all had salad or lettuce at different places, which means all of those places probably got their lettuce from a single source. As health officials work to track down that source, there is good news. All of the incidents happened in May 2008 and it has been more than a week since the last one. Lettuce has a short shelf life, so the contaminated lettuce was probably out of the food chain by the time the cases were reported. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE SAINTPAUL, TOMATOES (Multi State): 07 Jun 2008, Salmonellosis first linked to uncooked tomatoes has spread to 16 states, federal health officials said on Saturday Jun 7. Investigations by the Texas and New Mexico Departments of Health and the Indian Health Service have tied 56 cases in Texas and 55 in New Mexico to raw, uncooked, tomatoes. "We're seeing a steady increase," Deborah Busemeyer, New Mexico Department of Health communications director, said. An additional 50 people have been sickened by the same S. Saintpaul infection in Arizona, California, Colorado, Connecticut, Idaho, Illinois, Indiana, Kansas, Oklahoma, Oregon, Utah, Virginia, Washington and Wisconsin, the CDC reported. Investigators are trying to determine if raw tomatoes also are responsible for the illnesses in those states, said Arleen Porcell, a CDC spokeswoman. The source of the tomatoes responsible for the illnesses has not been pinpointed, but health officials in Texas and New Mexico said none of them was grown in those 2 states. At least 23 people have been hospitalized, and no deaths have been reported, she said. Patients ranged in age from 1 to 82. The rarity of the Saintpaul strain and the number of illnesses "suggest that implicated tomatoes are distributed throughout the country," she said. Interviews conducted with 73 people found the illnesses began between Apr 16 and May 27, Porcell said. Cherry tomatoes, grape tomatoes, tomatoes sold with the vine still attached and homegrown tomatoes are likely not the source of the outbreak, Busemeyer said. Also not associated with the outbreak are raw Roma, red plum and round red tomatoes from Arkansas, California, Georgia, North Carolina, South Carolina, Tennessee, Texas, Belgium, Canada, the Dominican Republic, Guatemala, Israel, Netherlands and Puerto Rico, according to the USA Food and Drug Association. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA (Sri Lanka): 02 June 2008, At the discussion involving health minister, Nimal Siripala De Silva and provincial director of health, Dr Kapila Dangalle, it was revealed that there are between 10,000-15,000 chikungunya patients in the Ratnapura district and that the torrential rain that prevailed in the last few months had aggravated the situation. President Mahinda Rajapaksa declared an emergency situation following the sharp increase of chikungunya cases in the Ratnapura district. There are a large number of legal and illegal gem pits in the district. Gem miners do not refill gem pits when they abandon them, creating easy breeding grounds for mosquitoes, Dr Dangalle pointed out. The minister also instructed ministry officials to immediately send 50 doctors and 60 nurses to Ratnapura to help carry out treatment and preventive care in the district. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, CANNED TRUFFLE SAUCE, RECALL (Italy): 02 Jun 2008, A local newspaper, La Nazione, reported on May 31 that a producer of canned truffle sauce, Castello di Magrano Srl, Carbonesca, Gubbio, Italy, has recalled lot No. 23 of "Salsa tartufata bianca" produced on May 3, 2006 (best before end December 2009) because of the presence of botulism toxin. Apparently a man suffered from typical botulism poisoning symptoms after ingestion of this truffle sauce. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (India): 03 Jun 2008, On Jun 2 officials said 2 people and dozens of cattle have died of anthrax, while over 20 people have fallen ill in Orissa's tribal dominated Koraput district. The disease that usually affects cattle and spreads to humans if they eat contaminated meat has gripped the villages of Kandhasahi and Mantriput, about 700 km from the state capital, Bhubaneswar, chief district medical officer BC Roy reported. On May 1, 6 animals, including cows and goats, died of anthrax in Kandhasahi and 16 villagers contracted the disease after eating their meat. One of them, a 41-year-old man, died May 15 despite being given treatment, Roy said. On May 26, over a dozen cattle died of the disease in Mantriput. Five people contracted the disease and one of them died on May 31. "We have sent a mobile health team to the region. The doctors are treating all the affected people," Roy said. Of Orissa's 30 districts, 18 have been identified as endemic to the deadly anthrax that kills dozens of people in the state every year. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLA HEMORRHAGIC FEVER, SUSPECTED (Democratic Republic of Congo): 03 Jun 2008, A case of hemorrhagic fever has been reported in the Boende health zone of Tshuapa District. The chief medical officer in the area, Dr. Cesar Moyeli, believes that symptoms exhibited by a woman admitted to a general hospital in the zone are consistent with those of Ebola hemorrhagic fever. Dr. Moyeli stated that: "After 2 days, the patient began to experience hemorrhage: first from the genitalia, then from her eyes, gums and even her ears. In addition, red patches appeared on her skin. Taken together, these features suggested a diagnosis of hemorrhagic fever. In order to avoid disseminating the infection, we informed the family that, due to the danger of the illness, the body could not be released to the family for normal burial. Instead, the body was disinfected and taken directly to the cemetery for burial. All materials used in the care of the patient have been burnt, and the treatment room remains closed." The patient died May 29. Clinical samples have been taken and dispatched to Kinshasa for virus identification. Meanwhile, the family of the deceased and all her known contacts will be kept under observation for a period of 3 weeks. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Indonesia quits offering prompt notice of H5N1 cases

Indonesia's health minister announced that the government has stopped the practice of promptly notifying global health officials each time it confirms a human H5N1 avian influenza case or death. (<http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/jun0508indonesia-br.html>)

Hawaii begins testing some arriving travelers for flu

Hawaii has begun a program to implement a voluntary checkpoint screening process to detect flu-like illness among incoming international travelers at Honolulu International Airport. The purpose of the effort is to prepare for health screening that might be imposed during an influenza pandemic or other infectious disease outbreak. (<http://www.cidrap.umn.edu/cidrap/content/influenza/biz-plan/news/jun0608screening.html>)

Investigation of Outbreak of Infections Caused by *Salmonella* Saintpaul

Updated information on the recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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